

**POLITICAL INQUIRY RECORD:
FEDERAL, STATE & LOCAL CANDIDATE ADS
ALL QUESTIONS MUST BE ANSWERED**

Federal Candidate

State or Local Candidate

-
- 1. Requested by (Agency name, address, phone number & contact):**

Agency Name

Contact

Phone Number

Address

- 2. On behalf of (Candidate name & authorized campaign committee name):**

- 3. Election (Office sought & date):**

- 4. Sustaining time: Yes No**

- 5. Date of request:**

- 6. Request received by:**

- 7. Details:**

- 8. Name, Address & Phone Number of contact person for the candidate or candidate's authorized campaign committee:**

Contact Name

Phone Number

Address



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9. Name of treasurer of authorized committee:

10. Date and nature of follow-ups, if any:

11. Disposition:

Accepted – see contract details

Rejected – provide reason:

Additional Information: